

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1955

State File No. 29714
3931

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|---|-------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Wyandotte</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u> | | | | • STREET ADDRESS (If rural, give location) <u>1126 RICHMOND</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVEY</u> b. (Middle) <u>JAMES</u> c. (Last) <u>EMERSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 5, 1955</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 22, 1877</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 11 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>District Court Judge</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wy. Co. Dist. Ct.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Joseph J. Emerson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Norman</u> | | 14. NAME OF HUSBAND/OR WIFE <u>Elizabeth B. Emerson</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>WW I</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Official VA Hospital Records, K. C. Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>May 26</u> , 19 <u>55</u> , to <u>September 5, 1955</u> , that I last saw the deceased <u>XXXXXXXXXXXXXXXXXXXX</u> , and that death occurred at <u>8:41 P.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Grosvenor G. Roberts</u> (Degree or title) <u>D.</u> | | | | 23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>9-5-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>9/8/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Pk. Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-8-55</u> | | REGISTRAR'S SIGNATURE <u>neva minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Pater + Sons</u> ADDRESS <u>K. C. Kansas</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

0.300
0.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Howard L. Porter*.....

Licensed Embalmer No.. 3751

P. O. Address 19th. & Minne
Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.